

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001869

FILED
Jan 18, 2005
Secretary of State

Entity Name: THE NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER, INC.

Current Principal Place of Business:

1005 POLK STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1005 POLK STREET
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3501412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, CARL J
1005 POLK STREET
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPRE () Delete
Name: COURTENAY, ELIZIBIR
Address: 651 SHERWOOD DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DIR () Delete
Name: BURGESS, CARL J
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: SECT () Delete
Name: MYERS, GWEN
Address: 16162 GARDENDALE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: TRES () Delete
Name: BURGESS, LOUIS A
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: DIR () Delete
Name: WATKINS, JAMES
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: PRES () Delete
Name: BURGESS, CORY J
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTY HOLLOWAY

VPO

01/18/2005

Electronic Signature of Signing Officer or Director

Date